SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 81	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12	
_			13 14 15 16 17	
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NAME OF COMMITTEE (In Full)				
$  \rangle$	American College of Radiology Association			
	7 monoan conoge of madicing, moscolation			
_	Full Name (Last, First, Middle Initial)			
Α.	DR Samuel Hill, IV		Date of Receipt	
	Mailing Address 1860 Houndsfield Dr		09 13 2006	
	City State	Zip Code		
	Florence SC	29506-8552	Transaction ID: 16819811  Amount of Each Receipt this Period	
		29300-0332	Amount of Each Neceipt this Period	
	FEC ID number of contributing federal political committee.		500.00	
	Name of Employer Occup	ation	┪	
	Name of Employer Florence Radiological Associates, P.A.  Occup Diagn	ostic Radiologist		
	Colation; 1 if the	gate Year-to-Date ▼		
	Primary General	500.00		
	Other (specify) ▼	500.00		
_	Full Name (Last, First, Middle Initial)		1	
В.	,		Date of Receipt	
	Mailing Address 6525 Radcliff Dr		09 13 2006	
	City State	Zip Code	Transaction ID: 16819812	
	Nashville TN	37221-3716	Amount of Each Receipt this Period	
	FEC ID number of contributing			
	federal political committee.		365.00	
	Name of Employer	ation	4	
	Name of Employer Radiology Alliance Occup	ostic Radiologist		
		gate Year-to-Date ▼	-	
	Primary General		1	
	Other (specify) ▼	365.00		
			•	
_	Full Name (Last, First, Middle Initial) DR Jack Hentel		Date of Receipt	
Ο.	Mailing Address 122 Ridgeview Rd		M M / D D / Y Y Y Y	
			09 13 2006	
	City State	Zip Code	Transaction ID: 16819814	
	Poughkeepsie NY	12603-4264	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee		500.00	
	federal political committee.			
	Name of Employer Hudson Valley Radiologist-	ation	7	
	s, P.C. Diagn	ostic Radiologist		
		gate Year-to-Date ▼		
	Primary General	500.00		
	Other (specify) ▼	300.00		
Г	L			
SUBTOTAL of Receipts This Page (optional)				
т	TOTAL This Period (last page this line number only)			